

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **091936317**
FILING DATE
APPLICANT(S)

3/3/65 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2	1					1
3		1				1
4		3		1		1
5		6		1		1
6		1				1
7		1			1	
8		00000		1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				1		1
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50						
TOTAL IND.		2		2		
TOTAL DEP.		14		15		
TOTAL CLAIMS		16		17		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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